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## BIB DATA SHEET

CONFIRMATION NO. 6147

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/301,842	04/29/1999	604	1641	P0008383.00
<b>RULE</b>				
<b>APPLICANTS</b> BRIAN C.A. FERNANDES, ROSEVILLE, MN; MAURA G. DONOVAN, ST. PAUL, MN; RANDALL V. SPARER, ANDOVER, MN; JESUS W. CASAS-BEJAR, BROOKLYN PARK, MN; MARK W. TORRIANNI, SAN JUAN CAPISTRANO, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/063,227 04/20/1998 ABN and claims benefit of 60/117,837 01/29/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/20/1999				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /ANN Y LAM/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  MN	<b>SHEETS DRAWINGS</b>  19	<b>TOTAL CLAIMS</b>  75
			<b>INDEPENDENT CLAIMS</b>  11	
<b>ADDRESS</b> MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924 UNITED STATES				
<b>TITLE</b> IMPLANTABLE MEDICAL DEVICE WITH ENHANCED BIOCOMPATIBILITY AND BIOSTABILITY				
<b>FILING FEE RECEIVED</b> 2374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	